Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                                                                                                                                                                                                             |                      |                                           |              |                                   |              |                  |                | SMALL ENTITY      |                        |         | OTHER THAN        |                        |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------|--------------|-----------------------------------|--------------|------------------|----------------|-------------------|------------------------|---------|-------------------|------------------------|--|
| T                                                                                                                                                                                                                                                                                                                                                                                                          | OTAL CLAIMS          | 3                                         | T /:         | 1)                                | (Corc        | اع السلا         | ]              | TYPE [            |                        | OR<br>T | SMALL             |                        |  |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                           | NUMBER       | NUMBER FILED                      |              | BER EXTRA        |                | RATE<br>BASIC FEI | FEE<br>385.00          | 4,,     | RATE<br>BASIC FEE | 770.00                 |  |
| _                                                                                                                                                                                                                                                                                                                                                                                                          |                      | ADIE CLAIMS                               | //           |                                   | 140          | SER EXTIN        |                |                   | 303.00                 | OR      | BASIC , LL        | 110.00                 |  |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                                                                                    |                      |                                           | 1            | 10 minus 20=                      |              | * .7             |                | X\$ 9=            |                        | OR      | X\$18=            |                        |  |
| <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                   | DEPENDENT CI         |                                           | 1            | inus 3 =                          |              | <u> </u>         |                | X43=              |                        | OR      | X86=              | 258                    |  |
| Mic                                                                                                                                                                                                                                                                                                                                                                                                        | JLTIPLE DEPEN        | NDENT CLAIM PI                            | RESENI       |                                   |              |                  |                | +145=             |                        | OR      | ÷290=             | <u></u>                |  |
| * If                                                                                                                                                                                                                                                                                                                                                                                                       | the difference       | e in column 1 is                          | less than ze | ero, enter                        | "0" in (     | column 2         | ١              | TOTAL             | <u> </u>               | OR      | TOTAL             | 1928                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                            | С                    | CLAIMS AS A                               | MENDE        | ) - PAR                           | TII          |                  |                |                   |                        | _       | OTHER             |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                            | <del></del>          | (Column 1)                                | -            | (Colum                            |              | (Column 3)       | ٠,             | SMALL             | ENTITY                 | OR      | SMALL             | ENTITY                 |  |
| ENT A                                                                                                                                                                                                                                                                                                                                                                                                      |                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHE<br>NUMB<br>PREVIO<br>PAID F | BER<br>DUSLY | PRESENT<br>EXTRA |                | RATE              | ADDI-<br>TIONAL<br>FEE | ]       | RATE              | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                  | Total                | *                                         | Minus        | **                                |              | =                |                | XS 9=             |                        | OR      | X\$18=            |                        |  |
| AME                                                                                                                                                                                                                                                                                                                                                                                                        | Independent          | *                                         | Minus        | ***                               |              | =                | [              | X43=              |                        | OR      | X86=              |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                            | FIRST PHESE          | ENTATION OF MU                            | JLTIPLE DE-  | PENDENI                           | CLAIM        |                  |                | +145=             |                        | 1       | +290=             |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                           |              |                                   |              |                  | L              | TOTAL             | <u> </u>               | OR      | TOTAL             |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                            |                      | · · · · · · · · · · · · · · · · · · ·     |              | := 1                              | ±.           |                  | . А            | ADDIT. FEE        |                        | JOR ,   | ADDIT. FEE        |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                            |                      | (Column 1)<br>CLAIMS                      |              | (Colum<br>T HIĞHE                 |              | (Column 3)       | ) <sub>_</sub> | -                 |                        | , r     |                   |                        |  |
| ENT B                                                                                                                                                                                                                                                                                                                                                                                                      |                      | REMAINING<br>AFTER<br>AMENDMENT           |              | NUMB<br>PREVIO                    | BER<br>OUSLY | PRESENT<br>EXTRA |                | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE              | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                  | Total                | *                                         | Minus        | **                                |              | =                |                | X\$ 9=            |                        | OR      | X\$18=            |                        |  |
| AME                                                                                                                                                                                                                                                                                                                                                                                                        | Independent          | *                                         | Minus        | ***                               |              | =                |                | X43=              | ·                      | OR      | X86=              |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                            | FIRST PRESE          | NTATION OF MU                             | LTIPLE DEP   | ENDENT                            | CLAIM        |                  |                | +145=             |                        | OR      | +290=             |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                           |              |                                   |              |                  | L              | TOTAL             | ,                      |         | TOTAL             |                        |  |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                                           |                      |                                           |              |                                   |              |                  |                | DDIT. FEE         |                        | OR A    | ADDIT. FEE        |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                            | <b>\</b>             | (Column 1) CLAIMS                         |              | HIGHE                             | ST           | (Column 3)       |                | · .               | 1001                   | , r     | <del></del>       |                        |  |
| ENTC                                                                                                                                                                                                                                                                                                                                                                                                       |                      | REMAINING<br>AFTER<br>AMENDMENT           |              | NUMBE<br>PREVIOU<br>PAID FO       | USLY         | PRESENT<br>EXTRA |                | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE              | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                  | Total                |                                           | Minus        | **                                |              | = .              |                | X\$ 9=            |                        | OR      | X\$18=            |                        |  |
| ME                                                                                                                                                                                                                                                                                                                                                                                                         |                      | <u> </u>                                  | Minus        | ***                               | ·            | =                |                | X43=              |                        |         | X86=              |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                            | FIRST PRESEN         | NTATION OF MU                             | LTIPLE DEP   | ENDENT (                          | CLAIM        |                  | <u> </u>       | ^ <del></del>     |                        | OR      |                   |                        |  |
| • 11                                                                                                                                                                                                                                                                                                                                                                                                       | f the entry in colur |                                           | +145=        |                                   | OR           | +290=            |                |                   |                        |         |                   |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                      |                                           |              |                                   |              |                  |                |                   |                        |         |                   |                        |  |